

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037173

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2757

STATE FILE NUMBER

FILED OCT 1 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Lemay

Length of stay in 1b

YRS.

c. FULL NAME OF (If NOT in hospital, give location)

Lemay Conv. Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

Lemay

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

210 Adelia

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Richard

Pound

4. DATE OF DEATH

September

Day

Year

21,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

4/29/1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cooper

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Pound

13b. MOTHER'S MAIDEN NAME

Elizabeth Zowrozill

14. NAME OF HUSBAND OR WIFE

Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Margaret Pound 3210 Chippewa St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for terminal disease condition given in PART I (a))

IMMEDIATE CAUSE (a)

Gangrene of Left Leg

INTERVAL BETWEEN ONSET AND DEATH

16 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of Lung

3 mo.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 18, 1962 to Sept. 21, 1962 and last saw him alive on Sept. 16, 1962

Death occurred at 10:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Sept. 25, 1962

23c. NAME OF CEMETERY OR CREMATORY

Immaculate Conc. Cem.

23d. LOCATION (City, town, or county)

Arnold, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. Hoffmeister Mortuaries
7814 So. Broadway St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

9-24-62

26. REGISTRAR'S SIGNATURE

John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

DATE AMENDED

ITEM NO.

DATE AMENDED

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ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Dennehy

Licensed Embalmer No.

4194

P. O. Address

St. Louis MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Sanders (Robert)
1502 Cass
ca 1-9116